PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known			
					Application Numb	Number 09/892, 351		
FEE TRANSMITTAL For FY 2006				Filing Date		6/28/	01	
				First Named Inve	ntor M		เพลอบ์	
				Examiner Name	ΔV		amir Anwar	
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		2623	100 C
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docket I	No.			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES SEARCH FEES EXAMINATION FEES							
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
	Utility	300	150	500	250	200	100	
	Design	200	100	100	50	130	65	
	Plant	200	100	300	150	160	80	
	Reissue	300	150	500	250	600	300	
	Provisional	200	100	0	0	0	0	
2.	2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 50 25								
Each independent claim over 3 (including Reissues)  Multiple dependent claims  200 100 180								180
T	otal Claims	Fee	Paid (\$)			pendent Claims		
	33 - 26 or HP =	Extra Clair	x 25	=	<u>'</u>		Fee (\$)	Fee Paid (\$)
	HP = highest number of total			F	Daile (A)			
_	ndep. Claims  - 3 or HP =	Extra Clair	x	=	Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)								
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): 2 north extension 225								
SUBMITTED BY Registration No. — 1 C Telephone								
(Attorney/Agent) SH 0064.787.8403								
lam	e (Print/Type)  M . 🄼	ふんく	61			•	Date 17	· Auxost 06

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